

10/082,906

Application or Docket Number

SUND 289

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS | 36 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 36 minus 20 = | 16 |
| INDEPENDENT CLAIMS | 3 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

| RATE | FEES |
|-----------|--------|
| BASIC FEE | 370.00 |
| XS 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | FEES |
|-----------|--------|
| BASIC FEE | 740.00 |
| XS18= | 288 |
| X84= | |
| +280= | |
| TOTAL | 1028 |

1/13/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | | 36 | |
| Independent | 3 | Minus | 3 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

JFW Act RCE
5-17-04SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| XS 9= | |
| X42= | |
| +140= | |
| TOTAL ADDT. FEE | |

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDT. FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | | 18 | |
| Independent | 2 | Minus | 3 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

RCE
FEE
Paid
\$ 790.00

BEST AVAILABLE COPY

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|--------------------------|
| | Total | | | |
| Independent | | Minus | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| XS 9= | |
| X42= | |
| +140= | |
| TOTAL ADDT. FEE | |

| RATE | ADDI- TIONAL FEE |
|-----------------|------------------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.